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Informational Bulletin 07-15

Regulations:

114.3 CMR 16.00 Surgery and Related Anesthesia Services

114.3 CMR 17.00: Medicine

114.3 CMR 18.00: Radiology

December 13, 2007 (Effective date January 1, 2008)

CPT/HCPCS 2008 Coding Updates

The Division is issuing this Informational Bulletin under the authority of Regulations 114.3 CMR 16.01(4), 17.01(4), and 18.01(4) Coding Updates and Corrections to transmit a list of 2008 added and deleted codes. In addition, for deleted codes with corresponding replacement codes, the Bulletin contains crosswalks to new codes that replace the deleted codes. Codes with one-to-one crosswalks will be reimbursed at the current payment rate of the deleted codes. For codes with multiple crosswalks, rates for the 2008 additions are calculated according to the rate methodology used in setting physician rates. Rates listed in this informational bulletin are applicable until revised rates are issued by the Division. All other codes in this bulletin that require pricing will be reimbursed at individual consideration (I.C.) until revised rates are issued. 2008 deleted codes will no longer be available for use after 2007.

114.3 CMR 16.00 Added Codes:

CODE	DESCRIPTOR
24357	Tenotomy, elbow, lateral or medial (eg. epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	Tenotomy, elbow, lateral or medial (eg. epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	Tenotomy, elbow, lateral or medial (eg. epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422	Thoracentesis with insertion of tube, includes water seal (eg. for pneumothorax), when performed (separate procedure)
32550	Insertion of indwelling tunneled pleural catheter with cuff
32551	Tube thoracostomy, includes water seal (eg. for abscess, hemothorax, empyema), when performed (separate procedure)
32560	Chemical pleurodesis (eg. for recurrent or persistent pneumothorax)
36591	Collection of blood specimen from a completely implantable venous access device
36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter or less

CODE	DESCRIPTOR
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
51100	Aspiration of bladder; by needle
51101	Aspiration of bladder; by trocar or intracatheter
51102	Aspiration of bladder; with insertion of suprapubic catheter
60300	Aspiration and/or injection, thyroid cyst
67041	Vitrectomy, mechanical, pars plana approach;
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation

114.3 CMR 16.00 Deleted Codes:

CODE	DESCRIPTOR
24350	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);
24351	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment
24352	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection
24354	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping
24356	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial ostectomy
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32002	Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)
32005	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32019	Insertion of indwelling tunneled pleural catheter with cuff
32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
36540	Collection of blood specimen from a completely implantable venous access device
36550	Declotting by thrombolytic agent of implanted vascular access device or catheter
43750	Percutaneous placement of gastrostomy tube
47719	Anastomosis, choledochal cyst, without excision
49200	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive
51000	Aspiration of bladder by needle
51005	Aspiration of bladder; by trocar or intracatheter
51010	Aspiration of bladder; with insertion of suprapubic catheter
52510	Transurethral balloon dilation of the prostatic urethra
60001	Aspiration and/or injection, thyroid cyst
67038	Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping

114.3 CMR 16.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
24350	24357-24359
24351	24357-24359
24352	24357-24359
24354	24357-24359
24356	24357-24359
32000	32421

DELETED CODE	REPLACEMENT CODE
32002	32422
32005	32560
32019	32550
32020	32551
36540	36591
36550	36593
43750	43246*
49200	49203-49205; 58957*; 58958*
49201	49203-49205; 58957*; 58958*
51000	51100
51005	51101
51010	51102
60001	60300
67038	67041-67043

*Codes 43246, 58957 and 58958 are existing codes.

REPLACEMENT CODE	RATE		
	NFAC Fee	FAC Fee	Global Fee
24357			328.16
24358			384.09
24359			469.24
32421	136.36	58.47	
32422	162.34	95.48	
32550	731.14	173.89	
32551			139.18
32560	262.40	86.17	
36591			17.58
36593	19.99	18.05	
49203			836.34
49204			1064.87
49205			1217.72
51100	77.11	30.37	
51101	163.89	40.56	
51102	296.92	186.89	
60300	77.18	38.23	
67041			866.99
67042			990.85
67043			1041.33

114.3 CMR 17.00 Added Codes:

CODE	DESCRIPTOR
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

CODE	DESCRIPTOR
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 SA	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
99407 SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
99407 HN	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)
99407 TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
99407 TF	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U2	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407 HQ	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U3	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

CODE	DESCRIPTOR
J1561	Injection, immune globulin, (gamunex), intravenous, non-lyophilized (eg, liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized, (eg, liquid), 500 mg
J2323	Injection, natalizumab, 1 mg
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, synvisc, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
J7347	Dermal (substitute) tissue or nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (integra matrix) per square centimeter
J7602	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)
J7603	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)

114.3 CMR 17.00 Deleted Codes:

CODE	DESCRIPTOR
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes
99362	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)
G0376	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 SA	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
G0376 SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
G0376 HN	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)
G0376 TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
G0376 U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
G0376 TF	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 U2	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
G0376 HQ	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376 U3	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)

CODE	DESCRIPTOR
J1567	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg
J7319	Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, per injection
J7345	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg
J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg
Q4079	Injection, natalizumab, per 1 mg

CODE	DESCRIPTOR
Q4083	Hyaluronon or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
Q4084	Hyaluronon or derivative, Synvisc, for intra-articular injection, per dose
Q4085	Hyaluronon or derivative, Euflexxa, intra-articular injection, per dose
Q4086	Hyaluronon or derivative, Orthovisc, for intra-articular injection, per dose
S0180	Etonogestrel (contraceptive) implant system, including implants and supplies

114.3 CMR 17.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
99361	99366-99368
99362	99366-99368
99371	99441-99443
99372	99441-99443
99373	99441-99443
G0376	99407
G0376 SA	99407 SA
G0376 SB	99407 SB
G0376 HN	99407 HN
G0376 TD	99407 TD
G0376 U1	99407 U1
G0376 TF	99407 TF
G0376 U2	99407 U2
G0376 HQ	99407 HQ
G0376 U3	99407 U3

DELETED CODE	REPLACEMENT CODE
J1567	J1561; J1569
J7319	J7321-J7324
J7345	J7347
J7612	J7602
J7614	J7603
Q4079	J2323
Q4083	J7321
Q4084	J7322
Q4085	J7323
Q4086	J7324
S0180	J7307

REPLACEMENT CODE	RATE		
	NFAC Fee	FAC Fee	Global Fee
99366	29.93	29.61	
99367			38.93
99368			25.30
99441	10.09	9.13	
99442	18.48	17.52	
99443	27.41	26.44	
99407	53.74	52.81	
99407 SA	45.68	44.89	
99407 SB	45.68	44.89	

REPLACEMENT CODE	RATE		
	NFAC Fee	FAC Fee	Global Fee
99407 HN	45.68	44.89	
99407 TD	45.68	44.89	
99407 U1	45.68	44.89	
99407 TF	80.61	79.22	
99407 U2	68.52	67.33	
99407 HQ	32.24	31.69	
99407 U3	27.41	26.93	

Effective December 31, 2007, reimbursement for the administration and scoring of standardized behavioral health (mental health and substance abuse) screening tools will be available to eligible providers. Appropriate code and related modifiers for the standardized behavioral health screening tools are listed below. For purposes of these modifiers, behavioral health need identified includes needs in the area of behavioral health, social-emotional well-being, or mental health.

CODE	DESCRIPTOR	RATE
96110 U1	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified.)	9.73
96110 U2	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)	9.73
96110 U3	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)	9.73
96110 U4	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)	9.73
96110 U5	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)	9.73
96110 U6	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)	9.73
96110 U7	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)	9.73
96110 U8	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)	9.73

114.3 CMR 18.00 Added Codes:

CODE	DESCRIPTOR
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75560	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75562	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75564	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress

114.3 CMR 18.00 Deleted Codes:

CODE	DESCRIPTOR
74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
75552	Cardiac magnetic resonance imaging for morphology; without contrast material
75553	Cardiac magnetic resonance imaging for morphology; with contrast material
75554	Cardiac magnetic resonance imaging for function, with or without morphology; complete study
75555	Cardiac magnetic resonance imaging for function, with or without morphology; limited study
75556	Cardiac magnetic resonance imaging for velocity flow mapping
78615	Cerebral vascular flow

114.3 CMR 18.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
75552	75557-75564
75553	75557-75564
75554	75557-75564
75555	75557-75564
75556	75557-75564
78615	78610*

*78610 is an existing code.

REPLACEMENT CODE	RATE		
	Global Fee	PC Fee	TC Fee
75557	446.60	96.08	350.52
75558	491.50	92.13	399.37
75559	655.60	122.97	532.63
75560	644.07	105.87	538.20
75561	607.01	106.28	500.73
75562	638.65	101.11	537.54
75563	754.49	128.07	626.42
75564	750.93	118.36	632.57

